

# TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

0 0 — 1 2

2. STATE:

OKLAHOMA

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL  
SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

08-01-00

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR

7. FEDERAL BUDGET IMPACT:

a. FFY 2000 \$ -0-  
b. FFY 2001 \$ -0-

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.19-B, Page 2b

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable):

New Page

10. SUBJECT OF AMENDMENT:

Revising payment methodology for laboratory services

11. GOVERNOR'S REVIEW (Check One):

- ☒ GOVERNOR'S OFFICE REPORTED NO COMMENT  
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☐ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Michael Fogarty

14. TITLE:

Chief Executive Officer

15. DATE SUBMITTED:

9/27/00

16. RETURN TO:

Oklahoma Health Care Authority  
Attn: Billie Wright  
4545 N. Lincoln, Suite 124  
Oklahoma City, OK 73105

## FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

09-28-00

18. DATE APPROVED:

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

22. TITLE:

23. REMARKS:

c: Mike Fogarty  
Billie Wright  
Jim Hancock

RECEIVED

State: OKLAHOMA

**METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES  
OTHER TYPES OF CARE**

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3. Payment will be made for covered clinical laboratory services at 95 percent of the HCFA National Laboratory Fee Schedule, or 95 percent of the local Medicare Carrier's allowable charge for procedures not included in the National Laboratory Fee Schedule, or in instances where no national or local fee has been established, an interim fee will be established by the Procedure Rate Review Committee of the Oklahoma Health Care Authority. All rates are maintained on the agency database and in the agency library.

New 08-01-00

TN# 00-12 Approval Date 11/01/00 Effective Date 08/01/00  
Supersedes

TN# **SUPERSEDES: NONE - NEW PAGE**

STATE	<u>Oklahoma</u>	A
DATE REC'D	<u>07-28-00</u>	
DATE APP'D	<u>11-01-00</u>	
DATE EFF	<u>08-01-00</u>	
HCFA 179	<u>00-12</u>	